PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents DEC 1 9 2007 P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All the correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 10/09/2007 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. **NEIL D. GERSHON REX MEDICAL** 1011 High Ridge Rd. STAMFORD, CT 06905 12/19/2007 TNGUYEN3 00000008 501567 (Depositor's name) 10756625 720.00 DA 01 FC:2501 (Date 02 FC:1504 300.00 DA APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/756,625 01/13/2004 1917 DIV James F. McGuckin JR. 2504 TITLE OF INVENTION: METHOD FOR DELIVERING ABLATION FLUID TO TREAT LESIONS APPLN. TYPE **SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE** PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE YES \$720 \$300 \$0 \$1020 nonprovisional 01/09/2008 **EXAMINER** ART UNIT CLASS-SUBCLASS DESANTO, MATTHEW F 3763 604-173000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Neil D Gershon (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Conshahocken, Pennsylvania Rex Medical, L.P. Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501567 (enclose an extra copy of this fo Advance Order - # of Copies (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature Registration No. 32,225 Neil D. Gershon Typed or printed name

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Docket No. 1917 DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

James F. McGuckin, Jr. et al

Serial No.:

10/756,625

Group Art Unit:

3763

Filed:

January 13, 2004

Examiner:

Desanto.

For:

METHOD FOR DELIVERING ABLATION FLUID TO TREAT LESIONS

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P.O. Box 1450

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[X] Letter

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Neil D. Gershon 1011 High Ridge Road Stamford, CT 06905 (203) 329-0289



DOCKET: 1917 DIV

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P.O. Box 1450

Alexandria, VA 22313-1450

LETTER

Sir:

Please note the change in status of the above-identified application from small entity to large entity as noted on the Issue Fee Transmittal.

Respectfully submitted,

Dated: 11/7/07

Neil D. Gershon

Registration No. 32,225 Attorney for the Applicants

Neil D. Gershon 1011 High Ridge Road Stamford, CT 06905 (203) 329-0289